

AUG 24 2005

7 pages enclosed

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Signed:

Nancy Parker

Date:

8-24-05

APPL. NO.:

09/889,495

ATTORNEY DOCKET NO.:

2964-0106P

RESPONSIBLE ATTY./SECY.:

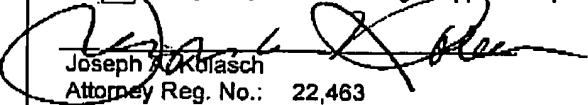
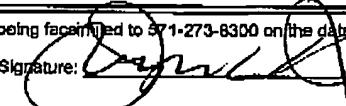
JK/NJP

DUE DATE:

(Rev. 04/30/03)

AUG 24 2005

MS ISSUE FEE

AMENDMENT TRANSMITTAL LETTER				Docket No. 2964-0106P																																											
Application No. 09/889,495-Conf. #004188	Filing Date July 18, 2001	Examiner B. P. Mruk	Art Unit 1751																																												
Applicant(s): Rolf SKOLD																																															
Invention: MECHANICAL WORKING IN THE PRESENCE OF A MULTI-PURPOSE COOLING LUBRICANT																																															
FACSIMILED August 24, 2005 571-273-8300 Total Pages: 7																																															
<p>Transmitted herewith is an amendment in the above-identified application.        The fee has been calculated and is transmitted as shown below.</p> <table border="1"> <thead> <tr> <th colspan="6">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>12</td> <td>- 20 =</td> <td>0</td> <td>x</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x</td> <td></td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity  <input checked="" type="checkbox"/> No additional fee is required for this amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.        A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> Credit any overpayment.  <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.     </p> <p>         Joseph A. Kolasch        Attorney Reg. No.: 22,463     </p> <p>Dated: <u>August 24, 2005</u></p> <p>I hereby certify that this correspondence is being facsimiled to 571-273-8300 on the date shown below.        Dated: August 24, 2005  (Joseph A. Kolasch)</p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	12	- 20 =	0	x		Independent Claims	2	- 3 =	0	x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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